

BCSSA Athlete Registration 2011

Club Initials: _____ Region: _____ BCSSA Number: _____

Athlete Information: Please Print Clearly

Last Name: _____ First Name: _____ Preferred Name: _____ Gender: M / F
(if different than first name)

BirthDate: _____ Proof: Care Card Birth Certificate Other _____ Witnessed _____
DD/Month/YY (spell out month) Initials Mandatory

Father's Last Name: _____ Father's First Name: _____

Mother's Last Name: _____ Mother's First Name: _____

Mailing Address: _____

City: _____ Postal Code: _____ Home Phone: _____ Check Primary Email

Father: Office # _____ Cell # _____ Email _____

Mother: Office # _____ Cell # _____ Email _____

Is a secondary mailing address necessary? If yes, circle and please print information on the back of this form. YES / NO

Medical Condition pertinent to Registration: _____

Medication: _____

Has the Athlete been registered with BCSSA before ? Yes / No (Circle)

If yes & BCSSA number not printed above: Club _____ Region: _____ Aquatic Activity: _____

Status: ALL of the following questions must be completed to register		Circle Answer	
Swimming	In the past 3 years has the athlete achieved a Senior National Qualifying Time in any non-BCSSA Meet ?	YES	NO
Water Polo	Has the athlete participated in any Water Polo Activity listed in the current BCSSA 'Player Eligibility' section of the rule book ?	YES	NO
Synchronized Swimming	Has the athlete been registered as an A, NS, PS or M amateur athlete from Syncro BC ?	YES	NO
Diving	Has the athlete attained an Age Group National Standard within their current DPC age group within the past two years?	YES	NO
Since October 1 of last year has the athlete participated in any of the following:			
1.	Did he/she train or compete for more than two (2) hours in any week in an organized swimming activity ?	YES	NO
2.	Did he/she train or compete for more than two 1/2 (2.5) hours in any week in an organized syncro activity ?	YES	NO
3.	Did he/she train or compete for more than four (4) hours in total in any week in all aquatic activity(s) ?	YES	NO
If yes to any question #1-3 please explain:			
4.	Did he/she compete in any swim meet between Oct 1 and April 30 (excluding school related meets between Oct 1 and Nov 30)?	YES	NO
If yes to #4 provide Meet: _____			
Registering for: (circle each) Swim Water Polo Synchro Swim Dive Coach (if applicable): Paid Volunteer Aquatic _____			This box to be completed by Club Registrar STATUS (circle one) S

The BC Summer Swimming Association collects, uses and discloses your personal information for the purposes of registration administration and competitive of the aquatic programs within the BCSSA and its member clubs. It is a requirement of registration that the information be provided and, that it will only be used for the purposes indicated. By your signature on this form you signify your consent to the collection, use and release of your personal information to BCSSA and its member clubs in accordance with the Club's Privacy Policy.

I certify that the above information is correct to the best of my knowledge:
 (A parent or legal guardian must sign if the applicant is under 19 years of age. By your signature, you accept the responsibility of your child in this association.)
 Applicant or Parent/Guardian: _____

Signed: _____ **Date:** _____ **Printed Name:** _____

Registration Not Valid Unless All Questions Answered and Form Signed